PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10722835

CLAIMS AS FILED - PART I									CMALL CATTOR					
	OTAL OLANA	_	(Colun	nn 1)	(Coli	(Column 2)		SMALL ENTITY TYPE		O	OTHER THAN OR SMALL ENTITY			
	TOTAL CLAIMS							RATE	FEE		RATE	FEE		
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 150.0	0 0	BASIC FE			
TOTAL CHARGEABLE CLAIMS			m	minus 20=		*		X\$ 25	_			 		
INDEPENDENT CLAIMS			,	minus 3 =		• –		X100=		- 0	` 	ļ		
М	ULTIPLE DEPE	NDENT CLAIM	PRESENT					X100=			X200=			
	f the difference	e in column 1 i	s less than :	rero enter	"O" in c	nolumn O		+180=		OF	+360=			
				less than zero, enter "0" in column 2				TOTAL		OF	R TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) I CLAIMS HIGHEST								SMALI	- ENTITY	OR		THAN ENTITY		
AMENDMENT A	12-2705	REMAINING AFTER AMENDMENT	-	HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE		
	Total	• 13	Minus	- 20	<u>ソ</u>	=		X\$ 25=		OR	X\$50=			
	Independent	ENTATION OF A		Minus *** LTIPLE DEPENDENT		=		X100=		OR	X200=			
	11110111120	CHATION OF N	OCTIPLE DE	PENUENI	CLAIM			+180=		7	+360=			
							L	TOTAL		OR	TOTAL			
		(Column 1)		(Colum	n 2)	(Column 3)	A	DDIT. FEE		JOR	ADDIT. FEE			
8		CLAIMS REMAINING		HIGHE	ST				ADDI-	7		1221		
AMENDMENT	,	AFTER AMENDMENT		PREVIOL PAID FO	JSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	** ;		=		X\$ 25=		OR	X\$50=			
AMI	Independent	* NTATION OF M	Minus	***				X100=		OR	X200=			
	THOTTHESE		JUIPLE DEF	ENDENT	LAIM			+180=			.000			
										OR	+360= TOTAL			
		(Column 1)					AD	TOTAL DIT. FEE		OR	ADDIT. FEE			
		(Column 1) CLAIMS		(Column		Column 3)								
AMENDMENT C	• • • • • • • • • • • • • • • • • • • •	REMAINING AFTER AMENDMENT	. -	NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	• • • • • • • • • • • • • • • • • • • •	RATE	ADDI: TIONAL		
	Total	*	Minus	**		=	X	\$ 25=	,		X\$50=	FEE		
WE .	Independent	*	Minus	***		-	-			OR				
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	(100=		OR	X200=			
• If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." AD AD									OR	+360=			
										OR A	TOTAL DDIT. FEE			
T	he "Highest Numi	ber Previously Paid	For" (Total or	Independent)	is the hi	ghest number f	ound	in the app	ropriate box	in colu	mn 1.			